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**IMPORTANT NOTICE**  
**TELECOPY/FACSIMILE COVER LETTER**

TO: U.S. Patent and Trademark Office

Examiner: Ahmed N. Sefer

Art Unit: 2826

DATE: August 12, 2002

FROM: Erin P. Madill

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 3

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**MESSAGE:**

Patent Application No.: 09/943,094; Our Ref. 81751.0017

I hereby certify that the following documents:

- ☒ Amendment Transmittal
- ☒ Response to Restriction Requirement

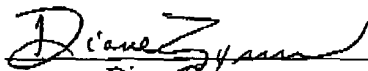
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August 12, 2002

Date of Deposit

  
Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2826

CLIENT NUMBER: 81751.0017

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-605-1227 (return fax to Diane Zynn)

FORM PTO-1083

81751.0017

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
 Kazunobu KUWAZAWA  
 Serial No: 09/934,094  
 Filed: August 29, 2001  
 For: [TITLE]

Art Unit: 2826  
 Examiner: Ahmed N. Sefer

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 (703) 872-9318: Commissioner for  
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Date of Deposit

Diane Zynn

Name

Signature Diane Zynn 08/12/02

Date

Commissioner for Patents  
 Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.  
☐ A certified copy of \_\_\_ Patent Application No. \_\_\_ filed \_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.  
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	19	-	38	0	LG=\$18 SM=\$9	\$0
INDEPENDENT CLAIMS FEE	3	-	6	0	LG=\$84 SM=\$42	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$0
TOTAL						\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.  
☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

By: Erin P. Madill

Erin P. Madill  
 Registration No. 46,893  
 Attorney for Applicant(s)

Date: August 12, 2002

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